

EXHIBIT H

W.R. GRACE & CO.

ZONOLITE ATTIC INSULATION

PROOF OF CLAIM FORM

*The United States Bankruptcy Court for the District of Delaware
In re:W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JIF)
(Jointly Administered)*

SUBMIT COMPLETED CLAIMS TO: [address]

For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for property damage for the presence of Zonolite Attic Insulation in your property, THIS ZONOLITE ATTIC INSULATION PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 5:00 P.M. EASTERN TIME ON [BAR DATE], or you will be forever barred from asserting or receiving payment for your claim.

**INSTRUCTIONS FOR FILING THE W.R. GRACE & CO.
ZONOLITE ATTIC INSULATION PROOF OF CLAIM FORM**

WHO SHOULD USE THIS ZONOLITE ATTIC INSULATION PROOF OF CLAIM FORM

1. This Zonolite Attic Insulation Proof of Claim Form (referred to in this document as the "Form") applies only to current claims made against Grace by or on behalf of parties who are alleging property damage as a result of the presence of Zonolite Attic Insulation in real property owned by the party (such person is referred to in this document as the "claiming party").
2. Zonolite Attic Insulation is a loose-fill, non-roll vermiculite home attic insulation, which may contain naturally occurring asbestos. It was sold from the 1920/1930s to 1984. Zonolite may have a glittery granular appearance. The granules are shaped like a small nugget and expanded like an accordion and may have a silvery, gold translucent or brownish cast. After years in the attic, however, the granules may darken to black or gray. Zonolite may be found underneath subsequently installed insulation of other types such as rolled fiberglass insulation.
3. This form should not be used for claims for an Asbestos Personal Injury Claim, non-Zonolite Attic Insulation Asbestos Property Damage Claim, Settled Asbestos Claim, or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
4. If you have current claims against Grace as a result of the presence of Zonolite Attic Insulation in more than one (1) real property, the claiming party should complete a Zonolite Attic Insulation Proof of Claim Form for each property. You may photocopy this Form (before writing on it) if additional Forms are needed.

GENERAL INSTRUCTIONS

1. This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 5:00 PM EASTERN TIME ON [Bar Date], or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Grace Claims Processing Center, P.O. Box XXXX, Anytown XX 12345-1234.
If you are returning this form by mail, allow sufficient time so that this form is received on or before [Bar Date]. Forms that are postmarked before [Bar Date] but received after [Bar Date] will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink.
 - Please print clearly using capital letters only.
 - Skip a box between words.
 - Do not use a felt tip pen.
 - Do not bend or fold the pages of the form.
 - Do not write outside of the boxes or blocks.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right).
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: _____.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

PART 1: CLAIMING PARTY INFORMATION**NAME:**

First	Middle	Last	Jr/Sr/III
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SOCIAL SECURITY NUMBER:

SSN

Other names by which claiming party has been known (such as maiden name or married name):

First	MI	Last
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First	MI	Last
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GENDER: MALE FEMALE**BIRTH DATE:**

MM	DD	YY
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Month Day Year

Mailing Address:

Street Address

City

Country

PART 2: ATTORNEY INFORMATION**The claiming party's attorney, if any (You do not need an attorney to file this form):****Law Firm Name:**

Law Firm Name

Name of Attorney:

First	MI	Last
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First

MI

Mailing Address:

Mailing Address

City

Telephone:

Area Code	}	-	Phone Number
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7. Is Zonolite Attic Insulation currently in the property?

Yes No Do not know

If Yes, Attach All Documents Referring Or
Relating To The Presence Of Zonolite
Attic Insulation In The Property.

• If you answered "No" to Question No. 7 please skip to Questions No. 17

8. Where is Zonolite Attic Insulation present in the property? (Check all that apply)

Attic

Other Specify:

9. When was Zonolite Attic Insulation put in the property?

Month - Day - Year

Do not know

10. Who put Zonolite Attic Insulation in the property?

Claiming party

Contractor

Prior Homeowner

Do not know

Other Specify:

11. Do you have documentation relating to the purchase and/or installation of Zonolite Attic Insulation for the property (e.g., invoices, receipts, other)?

Yes

No

If Yes, Attach All
Documents Relating Or
Referring To Such Efforts.

12. Is the Zonolite Attic Insulation exposed or covered?

Exposed, nothing on top of it.

Covered, by:

Other insulation

Boarding

Flooring

Other Specify:

13. When did you first learn of the presence of Zonolite Attic Insulation in the property?

Month - Day - Year

14. How did you first learn of the presence of Zonolite Attic Insulation in the property?

15. Has there ever been an effort to remove, contain and/or abate the Zonolite Attic Insulation in the property?

Yes No

If Yes, Attach All Documents Relating
Or Referring To Such Efforts.

16. If yes, please specify the dates and description of such efforts.

<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year	Description <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year	Description <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year	Description <input type="text"/>

C. Attic Information

- If you checked the "attic" box in question 8., complete this section.
- If you did not check the "attic" box in question 8., move to section D.

17. Is the attic finished or unfinished?

Unfinished
 Finished

18. What is the attic primarily used for?

Not used
 Storage
 Living area (e.g., finished attic)
 Other Specify:

19. Does anyone go into the attic?

Yes
 No

20. How often does someone go into the attic?

Every day Once a month
 Once a week Two to three times a year

21. Has the Zonolite Attic Insulation ever been modified and/or disturbed?

Yes
 No

22. If yes, specify when and in what manner the Zonolite Attic Insulation was modified and/or disturbed?

<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year	Description <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year	Description <input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year	Description <input type="text"/>

23. Is your attic vented?

Yes
 No

24. Has there ever been any damage to the property's attic (e.g., fire, water, etc.)?

Yes
 No

25. If yes, when?

- -
 Month Day Year

Specify damage:

- -
 Month Day Year

Specify damage:

26. Has there ever been any remodeling or other work done inside the attic?

Yes
 No

27. If yes, when?

- -
 Month Day Year

Specify work:

- -
 Month Day Year

Specify work:

- -
 Month Day Year

Specify work:

D. Asbestos Testing

28. Has there ever been any testing or sampling for the presence of asbestos or other particulates on your property?

Yes
 No

If Yes, Attach To This Form All
 Documents Related To Any Testing
 Of The Property.

29. If yes, indicate when and by whom and the type of testing and/or sampling(e.g., air, bulk and dust sampling) ?

- -
 Month Day Year

Company/Individual

Type of testing:

- -
 Month Day Year

Company/Individual

Type of testing:

- -
 Month Day Year

Company/Individual

Type of testing:

PART 4: SIGNATURE PAGE

All claims must be signed by the claiming party.

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF RECORDS AND INFORMATION: I hereby authorize and request that all other parties with custody of any documents or information concerning my property damage or the information contained in this Form to disclose any and all records to Grace or to Grace's representative.

I hereby authorize the release of my Social Security number for use in comparing information provided separately to other asbestos trusts or claims facilities to verify the completeness and accuracy of the information contained in this Form.

SIGNATURE OF CLAIMANT

*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both.
18 U.S.C. §§ 152,3571.

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SERIAL #